

KCC 16,733.2
KCC 4809.4

RECEIVED
CENTRAL FAX CENTER

JAN 26 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Beitz, et al.

Art Unit 1771

Serial No. 10/768,264

Filed January 30, 2004

Confirmation No. 5948

For PERSONAL CARE ABSORBENT ARTICLE HAVING SPLICED ABSORBENT
MATERIAL

Examiner Norca Liz Torres Velazquez

January 26, 2006

AMENDMENT A AND RESPONSE TO OFFICE ACTION

TO THE COMMISSIONER FOR PATENTS,

SIR:

Please enter the following amendments in the above-
identified application.

Amendments to the Claims are reflected in the listing of
claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

RECEIVED
CENTRAL FAX CENTER

JAN 26 2006

Law Offices of
SENNIGER POWERSOne Metropolitan Square, 16th Floor
St. Louis, Missouri 63102Telephone (314) 231-5400
Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 01/26/06 FILE NUMBER: KCC 4809.4 (KCC 16,733.2)
PTO FACSIMILE NUMBER: 571-273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop Amendment
Examiner Norca Liz Torres
VelazquezTHIS FACSIMILE IS BEING SENT BY: Richard L. Bridge
NUMBER OF PAGES: 22 INCLUDING COVER SHEET

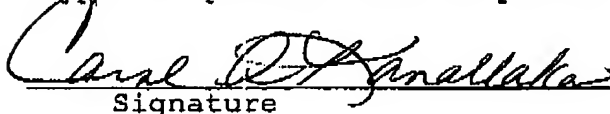
TIME SENT: 1:00 OPERATOR'S NAME Carol

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.

Carol A. Kanallakan

Typed or printed name of person signing certification


Signature1-26-06
DateType of paper transmitted: Amendment A and Response to Office
Action; Declaration of Prior Invention
Under 37 C.F.R. §.1.31; Invention
Disclosure; Fee Transmittal

Applicant's Name: Mark J. Beitz et al.

Serial No.: 10/768,264 Examiner: N. Velazquez

Filing Date: 01/30/04 Art Unit: 1771 Confirmation No.: 5948

Application Title: PERSONAL CARE ABSORBENT ARTICLE HAVING
SPliced ABSORBENT MATERIALIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/768,264 Art Unit 1771
 Filing Date January 30, 2004 Confirmation No. 5948
 Inventor(s) Beitz, et al.
 Examiner Name Norca Liz Torres Velazquez
 Attorney Docket Number KCC 4809.4 (KCC 16,733.2)

☐ Applicant claims small entity status.


METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
 (Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- | | | | | | | | | | |
|--|-------|---|-------|--------|---|-------|-------|--------------|----------|
| Total Claims | _____ | - | _____ | (HP) = | 0 | x Fee | _____ | = | \$ 0.00 |
| Indep Claims | _____ | - | _____ | (HP) = | 0 | x Fee | _____ | = | \$ 0.00 |
| Multiple Dependent Claims Fee | | | | | | | | | \$ _____ |
| (HP = highest number of claims paid for) | | | | | | | | | |
| | | | | | | | | Subtotal (2) | \$ 0.00 |
3. ☐ APPLICATION SIZE FEE
- | | | | | | | | | | | | |
|--------------------------|-----|---|-----|---|-----|------|---|---|------------|-----------------------|---------|
| Total Pages | N/A | - | 100 | = | NaN | + 50 | = | 0 | x \$ _____ | = | \$ 0.00 |
| (Application + Drawings) | | | | | | | | | | (round up to whole #) | |
| | | | | | | | | | | Subtotal (3) | \$ 0.00 |
4. ☒ OTHER FEE(S)
- | | | | |
|-------------------------------------|-------------------------------------|-------------------------|-----------|
| <input checked="" type="checkbox"/> | One | month extension of time | |
| <input type="checkbox"/> | Information disclosure statement | | |
| <input type="checkbox"/> | 37 CFR 1.17(q) processing fee | | |
| <input type="checkbox"/> | Non-English specification | | |
| <input type="checkbox"/> | Notice of Appeal | | |
| <input type="checkbox"/> | Filing a brief in support of appeal | | |
| <input type="checkbox"/> | Request for oral hearing | | |
| <input type="checkbox"/> | Other: _____ | | |
| | | Subtotal (4) | \$ 120.00 |

TOTAL AMOUNT OF PAYMENT \$ 120.00


 Richard L. Bridge
 Reg. No. 40,529

1/26/06
 Date
 Telephone: 314-231-5400

RLB/cak

Via Facsimile 571-273-8300

BEST AVAILABLE COPY

01/27/2006 EAREGAY1 00000050 191345 1076264

01 FC:1251 120.00 DA